

# **Application for New Manning Agency Accreditation**

Today's Date:

## **General Information**

Company Name:

Previous Name(s) of Company:

Company Mailing Address:

Company phone number(s):

Web Site:

Number of years agency has been in business:

Name of bank(s):

Describe current or past affiliations with other manning and/or staffing agencies:

## **Staffing Statistics**

Total number of seafarers currently affiliated with the agency: \_\_\_\_\_

Number of seafarers that have U.S. visas: \_\_\_\_\_

Number of seafarers that applied for U.S. visas in the prior 12 months: \_\_\_\_\_

Number of seafarers were refused U.S. visas in the prior 12 months: \_\_\_\_\_

## **Authorized Embassy Liaison(s) (maximum of two persons)**

Name:

Title:

Email:

Phone:

Name:

Title:

Email:

Phone:

State any exceptional circumstances that the Embassy should be aware of: